DATE OF REVIEW: 03/30/16

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Facet Injection/Hardware Injection L4-5 Bilateral

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Board Certified in Orthopedic Surgery

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

☒Upheld (Agree)

☐Overturned (Disagree)

☐Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute:

- Facet Injection/Hardware Injection L4-5 Bilateral - Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a patient with multiple failed spinal procedures, vision laminectomy and L4-5 fusion. CT myelogram on XX/XX/XX demonstrates appropriate positioning of the hardware and fusion between the levels. Hardware and facet injection has been performed by the operative surgeon on XX/XX/XX. The subject of relief lasted far longer than the physiologic effects of the medication. There has been no change in the position of the instrumentation. The request has been made to repeat the facet hardware injection.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The ODG does not allow for dual procedures, because when more than one procedure is performed it is not clear which "pain generator" alleviated the pain. Further, facet blocks are not indicated at levels of prior fusions; that level is no longer moving. Repeating the diagnostic hardware injection is not indicated. The patient already had an injection into the hardware, and it is only authorized by the ODG as a diagnostic study. Therefore, it does not need to be repeated. Based upon the ODG, and my medical opinion, the combination facet injection/hardware injection at L4-5 is not medically reasonable or necessary; The ODG would not approve either injection individually, either.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☒ **MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

☒ **ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**